

UNIVERSITY OF MONTANA APPLICATION FOR CERTIFICATE

Application Fee : \$40 (Not required if student has already paid for a previous certificate/degree application.)

GRADUATION DEADLINES: Semester of Graduation.....Deadline..... Deadline with \$15 late fee
 FallLast Friday in April..... First Monday in October*
 SpringLast Friday in October..... First Monday in March*
 Summer.....Last Friday in February..... First Monday in June*

*Graduation applications submitted after this date will be deferred to the following semester.

NAME _____ STUDENT ID _____
 (PRINT NAME AS YOU WISH IT TO APPEAR ON DIPLOMA)

APPLYING FOR CERTIFICATE IN _____

SEMESTER AND YEAR OF EXPECTED COMPETITION _____ PHONE# _____

CURRENT ADDRESS _____ CITY _____ STATE&ZIP _____

CERTIFICATE MAILING ADDRESS _____ CITY _____ STATE&ZIP _____

If you wish to have an invitation to commencement sent to your parent or guardian please complete the following:

PARENT OR GUARDIAN'S NAME: _____

ADDRESS: _____ CITY _____ STATE&ZIP _____

LIST THE COURSES YOU HAVE COMPLETED THAT APPLY TOWARD THE CERTIFICATE

<i>Dept</i>	<i>Course#</i>	<i>Title</i>	<i>Credits</i>	<i>Grade</i>	<i>Dept</i>	<i>Course#</i>	<i>Title</i>	<i>Credits</i>	<i>Grade</i>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

LIST THE COURSES THAT APPLY TOWARD THE CERTIFICATE FOR WHICH YOU PLAN TO REGISTER

CURRENT SEMESTER

<i>Dept</i>	<i>Course#</i>	<i>Title</i>	<i>Credits</i>	<i>Grade</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FUTURE SEMESTER

<i>Dept</i>	<i>Course#</i>	<i>Title</i>	<i>Credits</i>	<i>Grade</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of earned credits on transcript to count toward the certificate _____ Credits.

Credits toward the certificate yet to be completed: Semester _____ Year _____ Credits _____
 Semester _____ Year _____ Credits _____

Incompletes and N grades to be completed: Semester _____ Year _____ Credits _____
 Transfer work to be completed: Semester _____ Year _____ Credits _____

Transfer work from where and when: _____
 Courses repeated or to be repeated: _____

TOTAL CREDITS FOR CERTIFICATE: _____ Credits

Approved departmental waivers or substitutions _____

Chair's signature _____ Date _____

ALL CHANGES IN COURSES OR GRADUATION DATES MUST BE REPORTED ON A "CHANGE OF APPLICATION FOR DEGREE" FORM. FORMS ARE AVAILABLE IN THE GRADUATION OFFICE OR GRIZ CENTRAL.